

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

Best Available Copy

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/30/04</u>		2 Serial/Patent # <u>09/868,442</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time,			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	11	2/17/04	\$ 1330							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">6</td> </tr> </table>		5	2	--	0	2	0	6
5	2	--	0	2	0	6					
<input checked="" type="checkbox"/>	No Fee Due (Explanation): <u>No need for petition</u>										
11 REFUND REQUESTED BY: <u>[Signature]</u>											
TYPED/PRINTED NAME: _____			TITLE: _____								
SIGNATURE: _____			PHONE: _____								
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****											
APPROVED: <u>[Signature]</u>			DATE: <u>7/1/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: